



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Treasure Valley Supported Living of Idaho, LLC	Region(s):	3
Agency Type:	Residential Habilitation Agency	Survey Dates:	3/10/16-3/11/16
Certificate(s):	RHA-5362	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input checked="" type="checkbox"/> 1 - Year Full <input type="checkbox"/> 3 - Year Full

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
16.04.17.302.02. 302. SERVICE PROVISION PROCEDURES. 02. Implementation Plan. Each participant must have an implementation plan that includes <u>goals and objectives specific to his plan of service</u> residential habilitation program. (3-20-04)	Review of agency documentation revealed that 3 out of 4 participant records (participant's 2, 3 & 4) lacked implementation plans that include the goals and objectives specific to the plan of service.	<i>1. Participants 2, 3, and 4 have documentation within his/her file that reflects current formal programming from his/her Individual Support Plan (ISP). A review of all participant files will be performed monthly.</i> <i>2. It has been determined by means of reviewing all participant files that participants 2, 3, and 4 were affected by this deficiency. All ISP documents have been reviewed and documentation will be completed to reflect current or noncurrent goals and objectives that the PCP team agreed upon.</i>	04/01/2016



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		<p>3. QIDP will be responsible to ensure that documentation is complete and accurate in reflecting goals and objectives specific to the authorized ISPs, or what is determined by the PCP team.</p> <p>4. QIDP will be responsible for completion of a quality assurance check monthly. The quality assurance check will review documentation that ensures goals and objectives correctly reflect goals determined by each participant's ISP, or PCP team. The check will also ensure that all proper documentation of current goals and objectives are in each participant file.</p>	

Agency Representative & Title: Derek Mertz Owner/Administrator/QiDP <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 3/17/2016
Department Representative & Title: <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	Date Approved: 3/18/2016